Revision: HCFA-PM-86-20 (BERC)

SEPTEMBER 1986

OFFICIAL

ATTACHMENT 3.1-B Page 6 b

OMB No. 0938-0193

_		State/Terri	tory:	NEW JE	RSEY		
				ATION AND SCOPE DY GROUP(S): De			
с.	Inte	ermediate ca	re fac	ility services.			
	<u></u>	Provided:		No limitation	s <u>/_/</u>	With limitations*	
15. a.	inst	itution for	menta.	l diseases) for	persons	han such services in an determined in accordanc e in need of such care.	:e
	<u></u>	Provided:	<u>/</u> /	No limitations	s <u>/</u> /	With limitations*	
b.						ion (or distinct part s with related condition	ıs.
	<u></u>	Provided:	<u></u>	No limitations	s <u>/</u> /	With limitations*	
16.	Inpa of a		iatric	facility service	ces for :	individuals under 22 yea	rs
	<u></u>	Provided:	<u></u>	No limitations	s <u>/</u> /	With limitations*	
17.	Nurs	e-midwife s	ervice	s.			
	<u> </u>	Provided:		No limitations	<u> </u>	With limitations*	
18.	Hosp	ice care (i	n accoi	rdance with sect	ion 190	5(o) of the Act).	
		Provided:	<u></u>	No limitations	·	With limitations*	
					-		
*Descr	iptio	n provided o	on atta	achment.			
TN NO	01	1.7					

Approval Date MAY 29 1987 Effective Date OCT. 1 1988 Supersedes TN No. 86 6

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Revision: HCFA-PM-86-20 (BERC)

SEPTEMBER 1986

OFFICIAL

ATTACHMENT 3.1-B Page 6 C OMB No. 0938-0193

-			State/Terri	to ry :	NEW J	FK2F1		
			AMOUNT MEDICAL	, DURA	TION AND SCOPE	B OF SERV I Aged, Bli	c ces Provided nd or Disabled	
c		Inte	rmediate ca	re fac	ility services	•		
			Provided:	<u></u>	No limitatio	ns <u>/</u> /	With limitation	ns*
15.	а.	inst	itution for	menta:	l diseases) fo	r persons	han such service determined in a e in need of suc	ccordance
			Provided:	<u></u>	No limitatio	ns <u>/</u> /	With limitatio	ns≭
1	ъ.						ion (or distinct s with related c	
		<u></u>	Provided:	<u></u>	No limitatio	ns <u>/</u> /	With limitatio	ns*
16.		Inpa of a		iatric	facility serv	ices for	individuals unde	r 22 years
		<u></u>	Provided:		No limitation	ns <u>/_/</u>	With limitation	ns*
17.		Nurs	e-midwife so	ervices	·.			
		<u>/X/</u>	Provided:	<u></u>	No limitation	ns <u>/X/</u>	With limitation	ns*
18.		Hosp	ice care (in	accor	dance with sec	ction 1905	o(o) of the Act)	
			Provided:		No limitation	ns <u>/</u> /	With limitation	ns*
			•			-		

TN No. 86.17Supersedes TN No. 86.6

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*Description provided on attachment.

Approval Date MAY 29 1987

Effective Date OCT. 1 1986

HCFA ID: 0140P/0102A

(MB)

		State/Territory: New Jersey
		AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): Pregnant Women
19.	Case mana	gement services and Tuberculosis related services
	a.	Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT $3.1-A$ (in accordance with section 1905(a)(19) or section $1915(g)$ of the Act).
	<u> x</u>	Provided: X With limitations*
		Not provided.
	b.	Special tuberculosis (T3) related services under section $1902(z)(2)(F)$ of the Act.
		Provided: With limitations*
		Not provided.
20.	Extended	services for pregnant women.
	a.	Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.
	X	Provided: X Additional coverage
	b.	Services for any other medical conditions that may complicate pregnancy.
	X	Provided: —X Additional coverage — Not provided.
21.	Certifie	d pediatric or family nurse practitioners' services.
	<u>X</u>	Provided: No limitations _X With limitations*
		Not provided.
	+	Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.
	++	Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.
*Des	cription	provided on attachment.
TN N Supe	rsedes	Approval Date DEC 2 2 1995 Effective Date SEP 1 8 1995

(MB)

State/Territory: New Jersey
AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): Dependent Children
19. Case management services and Tuberculosis related services
a. Case management services as defined in, and to the group specified Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(or section 1915(g) of the Act).
X Provided: X With limitations*
Not provided.
b. Special tuberculosis (T3) related services under section 1902(z)(2)(F) the Act.
Provided: With limitations*
X Not provided.
20. Extended services for pregnant women.
a. Pregnancy-related and postpartum services for a 60-day period after pregnancy ends and for any remaining days in the month in which the day falls.
Provided: X Additional coverage
b. Services for any other medical conditions that may complicate pregnancy.
X Provided: X Additional coverage Not provided.
21. Certified pediatric or family nurse practitioners' services.
X Provided: No limitations X with limitations
Not provided.
+ Attached is a list of major categories of services (e.g., inpat hospital, physician, etc.) and limitations on them, if any, that available as pregnancy-related services or services for any other med condition that may complicate pregnancy.
++ Attached is a description of increases in covered services be limitations for all groups described in this attachment and/or additional services provided to pregnant women only.
*Description provided on attachment.
TN No. 95-23 Supersedes Approval Date DEC 2 2 1995 TN No. 91-33 Approval Date DEC 2 2 1995 Effective Date SEP 1 8 1995

ATTACHMENT 3.1-3 Page 7c

OFFICIAL

	State/Territory: New Jersey
	AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): Aged. Blind and Disabled
9. Case mana	gement services and Tuberculosis related services
a.	Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).
<u> </u>	Provided: X With limitations*
	Not provided.
b.	Special tuberculosis (T3) related services under section 1902(z)(2)(F) of the λct .
	Provided: With limitations*
<u> </u>	Not provided.
20. Extended	services for pregnant women.
a.	Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.
<u> </u>	Provided: X Additional coverage
b.	Services for any other medical conditions that may complicate pregnancy.
<u>X</u> .	Provided: _X Additional coverage Not provided.
21. Certifie	d pediatric or family nurse practitioners' services.
<u>X</u>	Provided: No limitationsX with limitations
_	Not provided.
+	Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.
++	Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.
*Description	provided on attachment.
TN No. 95 Supersedes TN No. 91	Approval Date DEC 2 2 1995 Effective Date SEP 1 8 1995
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Revision: HCFA-PM-87-4 (BERC) MARCH 1987

ATTACHMENT 3.1-B

Page 8 a

OMB No. 0938-0193

		:	State/Territ	ory:	NEW J	ERSEY				
			AMOUNT, MEDICALL	DURATI NEEDY	ON, AND S GROUP(S)	COPE OF Preg	servio	ces provided omen		
22.			iratory care ugh (C) of th			cordance	with	section 1902(e	e) (9) (A)	
		<u>/</u> / F	Provided:	<u>/</u> / N	o limitat	ions	<u>/</u> / v	With limitation	is*	lo
		<u>/X/</u> N	Not provided	•					Ok	kln.
23.			other medical					remedial care r	recogniz	eđ
	a.	Trans	sportation.							
		<u>/X/</u>	Provided:	<u>/_</u> /	No limit	ations	<u>/X /</u>	With limitati	.ons*	
	b.	Servi	ices of Chri	stian S	Science nu	ırses.				
		<u>/_/</u>	Provided:		No limit	ations	<u>/</u> /	With limitati	.ons*	
	c.	Care	and service	s provi	ded in C	nristian	Science	ce sanitoria.		
		<u>/</u> /	Provided:	<u>/_</u> /	No limit	ations	<u></u>	With limitati	ons*	
	đ.	Skill of ag		facili	y service	es provid	ded for	r patients unde	er 21 ye	ars
		<u>/_/</u>	Provided:	<u></u>	No limit	ations	<u>/</u> /	With limitati	ions*	
	e.	Emer	gency hospit	al serv	vices.					
		<u>/X /</u>	Provided:	<u>/</u> /	No limit	ations	<u> </u>	With limitati	ions*	
	f.	with	onal care se a plan of t rvision of a	reatmen	nt and fur	rnished 1	ome, po by a qu	rescribed in acualified persor	cordanc under	: e
		<u>/X/</u>	Provided:	<u>/_/</u>	No limit	ations	<u> </u>	With limitati	ions*	
Sup	ers	g) edes		Approva	al Date S	EP. 219	87	Effective Date	• <u>~</u>	1 1987 (0016P

Revision: HCFA-PM-87-4 (BERC)

MARCH 1987

ATTACHMENT 3.1-8

Page 8b

OMB No. 0938-0193

			State/Territ	ory:		NEW JERSEY		•		<u> </u>
			AMOUNT, MEDICALL			AND SCOPE OF Dep	SERV I	CES PROVIDI Children	ED	
22.			iratory care			in accordance	• with	section 19	902(•)(9)(A)
		<u></u>	Provided:	<u>/</u> / ¥	o li	mitations	-/_/	With limit	ation	g×
		<u>/ ¥</u> 1	Not provided	•						
23.		•	other medica. r State law,				-	remedial ca	re re	ecognized
	a.	Trans	sportation.							
		<u>\\\\</u>	Provided:	<u></u>	No	limitations	<u>/x/</u>	With limi	tatio	ns*
	ъ.	Servi	ices of Chris	sti a n S	cien	ce nurses.				
			Provided:	<u>/_</u> /	No	limitations	<u>/_/</u>	With limi	tatio	ons≭
	с.	Care	and services	s provi	ded	in Christian	Science	e sanitori	1.	
		<u>/_/</u>	Provided:	<u>/_</u> /	No	limitations	<u>/_</u> /	With limi	tatio	ns*
	d.	Skill of a	led nursing :	faciliț	у зе	rvices provi	ded for	r patients	under	21 years
			Provided:	<u>/_/</u>	No	limitations		With limi	tatio	ns*
	е.	Emery	gency hospit	al serv	ic es					
		<u>/x/</u>	Provided:	<u></u>	No	limitations	<u>/X/</u> .	With limi	itatio	ons≭
	f.	with	onal care se a plan of t rvision of a	reatmen	it an	d furnished				
		<u>/X/</u>	Provided:	<u></u>	No	limitations	<u>x</u> /	_With limi	itatio	ons*
Sup	erse	92-11 edes 87-1	_	Approve	l Da	te JUN : g ag	32	Effective	•	NOV 2 9 1991

Revision: HCFA-PM-87-4 (BERC)

MARCH 1987

ATTACHMENT 3.1-B

3 HCFA ID: 1042P/0016P

Page 8_C

:- OMB No. 0938-0193

22. Respirator through (C) // Provid // Not pr 23. Any other under Stat a. Transporta // Prov b. Services of // Prov c. Care and so // Prov d. Skilled numof age. // Provid e. Emergency for the services of the s	/Territory:	NEW JERSEY	•	- .
through (C // Provid // Not pr 23. Any other under Stat a. Transporta /// Prov b. Services of Prov c. Care and services of Provid d. Skilled number age. /// Provid e. Emergency for Provid f. Personal care	MOUNT, DURAS DICALLY NEED	FION, AND SCOPE OF GROUP(S): Age	F SERVICES FPROVIDED d. Blind or Disabled	
Any other under Stat a. Transporta /// Prov b. Services of /// Prov c. Care and sof /// Prov d. Skilled numof age. /// Provide. Emergency in /X/ Provide.	y care servi	ices (in accordance).	te with settion 1902(e)	(9)(A)
23. Any other under Stat a. Transporta /*/ Prov b. Services of the services	ed: <u>/</u> /	No limitations	·-// With limitations	k
a. Transporta /// Prov b. Services of // Prov c. Care and services of // Prov d. Skilled number age. // Provide. Emergency for /X/ Provide. Provide.	ovided.			
/ Prov b. Services of Arrow o	medical care e law, speci	and any other ty	pe of remedial care rec tary.	ognized
b. Services of Area and Servic	tion.			
// Provide C. Care and so // Provide Skilled number of age. // Provide Regency h	ided: /_/	Wo limitations	<u>√X</u> With limitation	g×
c. Care and so // Provide Skilled num of age. // Provide Emergency for American Care	f Christian	Science nurses.		•
d. Skilled numof age. // Provide. Emergency h /X/ Provide. Provide.	ided: //	Wo limitations	/// With limitation	s*
d. Skilled num of age. /// Provi e. Emergency h /X/ Provi f. Personal ca	ervic es prov	ided in Christian	Science sanitoria.	
of age. // Provide. Emergency by /X/ Provide. f. Personal ca	ided: //	No limitations	// With limitation	s*
e. Emergency h	rsing facili	ty services provi	ded for patients under	21 years
$\frac{\sqrt{X}}{\sqrt{X}}$ Provi	ded: //	No limitations	// With limitations	g*
f. Personal ca	nospital ser	vices.		
f. Personal ca	.ded: /_/	No limitations	/X/ With limitations	g×
supervision	re services of treatment of a regist	nt and furnished h	ome, prescribed in according to the control of the	rdance ider
<u>/</u> ∑/ Provi	ded: <u>/</u> /	Wo limitations	$\frac{1}{\sqrt{\chi}}$. With limitations	g *
W No. 92-19A	Approva	JUN 2 9 139	2 Effective Date N	TW GO 166

OFFICIAL

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October 1992

ATTACHMENT 3.1-B Page 9

	State/Territory:	New Jersey
	AMOUNT, DURATION, MEDICALLY NEEDY GR	AND SCOPE OF SERVICES PROVIDED COUP(S):
24.	defined, described and	re for Functionally Disabled Elderly Individuals, as I limited in Supplement 2 to Attachment 3.1-A, and Dlement 2 to Attachment 3.1-A.
	Provided	X Not Provided

	State/Territory: New Jersey	OFFICIAL
	AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): Pregnant Women	
24.	Home and Community Care for Functionally Disabled Elderly Ind defined, described and limited in Supplement 2 to Attachment Appendices A-G to Supplement 2 to Attachment 3.1-A.	
	Provided _X Not Provided	
25.	Personal care services furnished to an individual who is not or resident of a hospital, nursing facility, intermediate car for the mentally retarded, or institution for mental disease authorized for the individual by a physician in accordance wi treatment, (B) provided by an individual who is qualified to services and who is not a member of the individual's family, furnished in a home.	e facility that are (A) th a plan of provide such
	X Provided: X State Approved (Not Physician) Service P	lan Allowed
	X Services Outside the Home Also Allowed	
	X Limitations Described on Attachment	
	Not provided.	



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Supersedes
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